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3/28/19 5:53PM

| Fill in this information to identify your case: | | |
|---|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the: | | |
| WESTERN DISTRICT OF VIRGINIA | | |
| Case number (if known) | Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | ☐ Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself | | |
|-----|--|---|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. | First name A Middle name Buttner Last name and Suffix (Sr., Jr., II, III) | First name Middle name Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years | | |
| | Include your married or maiden names. | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-8414 | |

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Document

| Del | otor 1 Kimberly A Buttne | er | Case number (if known) | | | |
|-----|---|---|--|--|--|--|
| | | | | | | |
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | | |
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years | ■ I have not used any business name or EINs. | ☐ I have not used any business name or EINs. | | | |
| | Include trade names and doing business as names | Business name(s) | Business name(s) | | | |
| | | EINs | EINs | | | |
| 5. | Where you live | 2024 Buok Jolond Bd | If Debtor 2 lives at a different address: | | | |
| | | 2624 Buck Island Rd Charlottesville, VA 22902 | | | | |
| | | Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code | | | |
| | | Albemarle | | | | |
| | | County | County | | | |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | | | |
| 6. | Why you are choosing this district to file for | Check one: | Check one: | | | |
| | bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | | | |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | | | |
| | | | | | | |

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3/28/19 5:53PM Debtor 1 Kimberly A Buttner Case number (if known) Part 2: Tell the Court About Your Bankruptcy Case 7. Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy The chapter of the Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. choosing to file under Chapter 7 ☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13 8. How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for No. bankruptcy within the last 8 years? ☐ Yes. District When Case number District When Case number When Case number District 10. Are any bankruptcy ■ No cases pending or being filed by a spouse who is Yes. not filing this case with you, or by a business partner, or by an affiliate? Relationship to you Debtor When Case number, if known District Debtor Relationship to you When Case number, if known District 11. Do you rent your Go to line 12. No. residence? Has your landlord obtained an eviction judgment against you? ☐ Yes. No. Go to line 12. Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it as part of

this bankruptcy petition.

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| Deb | tor 1 Kimberly A Buttne | ar . | | Case number (if known) | 3/28/19 5:53PM | | | | |
|------|---|--|---|--|------------------|--|--|--|--|
| | | - - | | | | | | | |
| Part | t3: Report About Any Bu | ısinesses | You Own as a Sole Proprie | etor | | | | | |
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to Part 4. | | | | | | |
| | | ☐ Yes. | Yes. Name and location of business | | | | | | |
| | A sole proprietorship is a | | | | | | | | |
| | business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name of business, if any | | | | | | |
| | If you have more than one sole proprietorship, use a separate sheet and attach | | Number, Street, City, Sta | ate & ZIP Code | | | | | |
| | it to this petition. | | Check the appropriate b | ox to describe your business: | | | | | |
| | | | ☐ Health Care Busi | iness (as defined in 11 U.S.C. § 101(27A)) | | | | | |
| | | | ☐ Single Asset Rea | al Estate (as defined in 11 U.S.C. § 101(51B)) | | | | | |
| | | | ☐ Stockbroker (as | defined in 11 U.S.C. § 101(53A)) | | | | | |
| | | | ☐ Commodity Brok | er (as defined in 11 U.S.C. § 101(6)) | | | | | |
| | | | ☐ None of the above | ve | | | | | |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? | the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, state ode and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the properties of the statement of the statemen | | | | | | | |
| | For a definition of small | ■ No. | I am not filing under Cha | pter 11. | | | | | |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am filing under Chapter Code. | 11, but I am NOT a small business debtor according to the definition in | the Bankruptcy | | | | |
| | | ☐ Yes. | I am filing under Chapter | 11 and I am a small business debtor according to the definition in the E | Bankruptcy Code. | | | | |
| Part | t 4: Report if You Own or | Have Any | / Hazardous Property or Ar | ny Property That Needs Immediate Attention | | | | | |
| 14. | Do you own or have any property that poses or is | ■ No. | | | | | | | |
| | alleged to pose a threat of imminent and identifiable hazard to | ☐ Yes. | What is the hazard? | | | | | | |
| | public health or safety? Or do you own any property that needs immediate attention? | | If immediate attention is needed, why is it needed? | | | | | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where is the property? | | | | | | |
| | - · | | | Number, Street, City, State & Zip Code | | | | | |
| | | | | | | | | | |

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Kimberly A Buttner

Debtor 1

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity.

> I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

Case number (if known)

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| Deb | tor 1 Kimberly A Buttne | er | | Case number (if | known) | | | |
|--|--|--------------------|--|---|--|--|--|--|
| Part | 6: Answer These Questi | ions for R | eporting Purposes | | | | | |
| 16. | What kind of debts do you have? | 16a. | Are your debts primarily consult individual primarily for a personal, | | I in 11 U.S.C. § 101(8) as "incurred by an | | | |
| | | | ☐ No. Go to line 16b. | | | | | |
| | | | Yes. Go to line 17. | | | | | |
| | | 16b. | Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. | | | | | |
| | | | ☐ No. Go to line 16c. | | | | | |
| | | | ☐ Yes. Go to line 17. | | | | | |
| | | 16c. | State the type of debts you owe th | at are not consumer debts or business d | ebts | | | |
| 17. | Are you filing under Chapter 7? | □ No. | I am not filing under Chapter 7. Go | o to line 18. | | | | |
| | Do you estimate that after any exempt property is excluded and | ■ Yes. | are paid that funds will be available | u estimate that after any exempt property e to distribute to unsecured creditors? | v is excluded and administrative expenses | | | |
| | administrative expenses are paid that funds will | | ■ No | | | | | |
| | be available for distribution to unsecured creditors? | | Yes | | | | | |
| 18. | How many Creditors do | 1 -49 | | □ 1,000-5,000 | □ 25,001-50,000 | | | |
| | you estimate that you owe? | □ 50-99 | | □ 5001-10,000 | <u></u> 50,001-100,000 | | | |
| | | ☐ 100-1 ☐ 200-9 | | 10,001-25,000 | ☐ More than100,000 | | | |
| 19. | How much do you | □ \$0 - \$ | 50,000 | ☐ \$1,000,001 - \$10 million | ☐ \$500,000,001 - \$1 billion | | | |
| | estimate your assets to be worth? | | 01 - \$100,000 | □ \$10,000,001 - \$50 million | ☐ \$1,000,000,001 - \$10 billion | | | |
| | oc worth. | | 001 - \$500,000 | ☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion | | | |
| | | □ \$500, | 001 - \$1 million | — \$100,000,001 - \$500 million | LI More than \$50 billion | | | |
| 20. | How much do you | □ \$0 - \$ | 50,000 | □ \$1,000,001 - \$10 million | ☐ \$500,000,001 - \$1 billion | | | |
| | estimate your liabilities to be? | | 001 - \$100,000 | \$10,000,001 - \$50 million | \$1,000,000,001 - \$10 billion | | | |
| | | | 001 - \$500,000 001 - \$1 million | ☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion | | | |
| | | — \$500, | | | | | | |
| Part | 7: Sign Below | | | | | | | |
| For | you | I have ex | examined this petition, and I declare under penalty of perjury that the information provided is true and correct. | | | | | |
| If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11 United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. | | | | | | | | |
| | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). | | | | | | | |
| | | I request | request relief in accordance with the chapter of title 11, United States Code, specified in this petition. | | | | | |
| | I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 151 and 3571. | | | | | | | |
| | | Kimber | perly A Buttner ly A Buttner e of Debtor 1 | Signature of Debtor 2 | | | | |
| | | Executed | | Executed on | | | | |
| | | | MM / DD / YYYY | MM / D | DD / YYYY | | | |

page 6

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| Debtor 1 Kimberly A Buttn | er | Cas | 3/28/19 5: e number (if known) | :53PM |
|--|---|---|--|--------------|
| | | | | |
| For your attorney, if you are epresented by one f you are not represented by in attorney, you do not need of file this page. | I, the attorney for the debtor(s) named in this punder Chapter 7, 11, 12, or 13 of title 11, United for which the person is eligible. I also certify th and, in a case in which § 707(b)(4)(D) applies, schedules filed with the petition is incorrect. | d States Code, and have e at I have delivered to the | explained the relief available under each chapt debtor(s) the notice required by 11 U.S.C. § 34 | ter 42(b) |
| o mo mo pago. | /s/ Larry L. Miller Signature of Attorney for Debtor | Date | March 28, 2019 MM / DD / YYYY | |
| | Larry L. Miller Printed name | | | |
| | Miller Law Group, P.C. | | | |
| | 485 Hillsdale Drive Suite 341 | | | |
| | Charlottesville, VA 22901 Number, Street, City, State & ZIP Code | | | |
| | Contact phone 434-974-9776 | Email address | | |

43345 VA Bar number & State Case 19-60717 Doc 1 Filed 03/28/19 Entered 03/28/19 17:54:52 Desc Main Document Page 8 of 58

| Fill | in this inform | nation to identify your case: | | | 3/20/19 5.53PM |
|-----------|------------------------------|--|--------------------------|-------------------|-------------------------------|
| | otor 1 | Kimberly A Buttner | | | |
| Dok | otor 2 | First Name Middle Name Last Name | | | |
| | otor 2 use if, filing) | First Name Middle Name Last Name | | | |
| Uni | ted States Ban | nkruptcy Court for the: WESTERN DISTRICT OF VIRGINIA | | | |
| | se number | | | _ | c if this is an ded filing |
| | | | | | |
| <u>Of</u> | ficial For | rm 106Sum | | | |
| | | f Your Assets and Liabilities and Certain Statistica | | | 12/15 |
| info | rmation. Fill o | nd accurate as possible. If two married people are filing together, both are e out all of your schedules first; then complete the information on this form. If ns, you must fill out a new <i>Summary</i> and check the box at the top of this pag | you are filing amende | | |
| Par | t 1: Summa | arize Your Assets | | | |
| | | | | Your a Value o | ssets of what you own |
| 1. | Schedule A/ 1a. Copy line | /B: Property (Official Form 106A/B) e 55, Total real estate, from Schedule A/B | | \$ | 143,300.00 |
| | 1b. Copy line | e 62, Total personal property, from Schedule A/B | | \$ | 8,209.07 |
| | 1c. Copy line | e 63, Total of all property on Schedule A/B | | \$ | 151,509.07 |
| Par | t 2: Summa | arize Your Liabilities | | | |
| | | | | | abilities t you owe |
| 2. | | Creditors Who Have Claims Secured by Property (Official Form 106D) total you listed in Column A, Amount of claim, at the bottom of the last page of Po | art 1 of Schedule D | \$ | 152,603.00 |
| 3. | | F: Creditors Who Have Unsecured Claims (Official Form 106E/F) e total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | | \$ | 750.76 |
| | 3b. Copy the | e total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule I | E/F | \$ | 119,655.51 |
| | | | Your total liabilities | \$ | 273,009.27 |
| Par | t 3: Summa | arize Your Income and Expenses | | | |
| 4. | | Your Income (Official Form 106I) ombined monthly income from line 12 of Schedule I | | \$ | 1,862.00 |
| 5. | | Your Expenses (Official Form 106J) onthly expenses from line 22c of Schedule J | | \$ | 1,823.00 |
| Par | t 4: Answei | r These Questions for Administrative and Statistical Records | | | |
| 6. | - | ng for bankruptcy under Chapters 7, 11, or 13? u have nothing to report on this part of the form. Check this box and submit this fo | rm to the court with you | ur other sch | nedules. |
| 7. | ■ Yes What kind o | f debt do you have? | | | |
| | | ebts are primarily consumer debts. Consumer debts are those "incurred by an iold purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U. | | a personal, | family, or |
| | | ebts are not primarily consumer debts. You have nothing to report on this part rt with your other schedules. | of the form. Check this | box and s | ubmit this form to |

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Debtor 1 Kimberly A Buttner Case number (if known)

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 2,539.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on <i>Schedule E/F</i> , copy the following: | Total | claim |
|--|-------|-----------|
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 750.76 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 78,404.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 79,154.76 |

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| Fill i | | | | | | | | |
|--------|--------------------|-------------------------|-----------------------|-----------|---|---------------|-----------------|--|
| | n this informa | ation to identify | your case and th | is filin | g: | | | |
| Debt | or 1 | Kimberly A | | | | | | |
| Debt | or 2 | First Name | Middle | Name | Last Name | | | |
| | se, if filing) | First Name | Middle | Name | Last Name | | | |
| Unite | d States Ban | kruptcy Court for | the: WESTERN | DISTR | ICT OF VIRGINIA | | | |
| Coor | numbor | | | | | | | |
| Case | number | | | | | | | Check if this is ar amended filing |
| | | | | | | | | |
| Offi | cial For | m 106A/E | 3 | | | | | |
| Sc | hedule | A/B: Pi | operty | | | | | 12/15 |
| | | | | on occor | t only once. If an asset fits in more than one | antogony lin | t the seest in | |
| | you own or ha | 2. | uitable interest in a | ny resic | lence, building, land, or similar property? | | | |
| | Too. Whole is | ino proporty. | | | | | | |
| 1.1 | | | | Wha | t is the property? Check all that apply | | | |
| | 24 Nahor D | r | | | Single-family home | Do not ded | uct secured cla | ims or exemptions. Put |
| | Street address, if | available, or other des | cription | | Duplex or multi-unit building | | | d claims on Schedule D: ns Secured by Property. |
| | | | | | Condominium or cooperative | | | , , , |
| | | | | | Manufactured or mobile home | Commandoral | lua af tha | Comment value of the |
| _ | Palmyra | VA | 22963-0000 | | Land | Current val | | Current value of the portion you own? |
| | City | State | ZIP Code | | Investment property | \$14 | 3,300.00 | \$143,300.00 |
| | | | | | Timeshare Other | | | our ownership interest |
| | | | | | has an interest in the property? Check one | | e), if known. | ancy by the entireties, or |
| | | | | | Debtor 1 only | JTWROS | 3 | |
| - | Fluvanna | | | | | | | |
| | County | | | | 202101 1 4114 202101 2 0111) | | | munity property |
| | | | | ☐ 0tha | | (| tructions) | |
| | | | | | r information you wish to add about this ite erty identification number: | m, such as io | cai | |
| | | | | | A Value : \$137,300.00 Map# 18A 8 191 | | | |
| | | | | | | | | |
| | | | | | | | | |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

page 1 Official Form 106A/B Schedule A/B: Property

Document Page 11 of 58 3/28/19 5:53PM Debtor 1 Kimberly A Buttner Case number (if known) 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles Yes Do not deduct secured claims or exemptions. Put Ford Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: Mustang Debtor 1 only Creditors Who Have Claims Secured by Property. Model: 1996 Year: Debtor 2 only Current value of the Current value of the Approximate mileage: 100,000 entire property? portion you own? Debtor 1 and Debtor 2 only Other information: ☐ At least one of the debtors and another NADA Value: \$7,375 \$7,375.00 \$7,375.00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$7,375.00 .pages you have attached for Part 2. Write that number here......>> Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware ☐ Yes. Describe..... 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ■ No ☐ Yes. Describe..... 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ■ No ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No Yes. Describe.....

Case 19-60717

Doc 1

Filed 03/28/19

Entered 03/28/19 17:54:52

Case 19-60717 Doc 1 Filed 03/28/19 Entered 03/28/19 17:54:52 Document Page 12 of 58 3/28/19 5:53PM Debtor 1 Kimberly A Buttner Case number (if known) Women's clothing \$500.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver Yes. Describe..... \$25.00 1 wedding ring \$45.00 5 earrings, 2 necklaces 13. Non-farm animals Examples: Dogs, cats, birds, horses No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$570.00 for Part 3. Write that number here Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition □ No Cash on hand \$10.00 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No Institution name: Yes..... Checking & Suntrust - 6706 \$251.07 17.1. Savings 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No ☐ Yes..... Institution or issuer name: 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

Name of entity: % of ownership:

No

☐ Yes. Give specific information about them.....

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| Debtor 1 Kimberly A Buttner Cas 20. Government and corporate bonds and other negotiable and non-negotiable instruments | e number (if known) |
|--|---|
| Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money Non-negotiable instruments are those you cannot transfer to someone by signing or delivering the No | |
| ☐ Yes. Give specific information about them Issuer name: | |
| 21. Retirement or pension accounts <i>Examples:</i> Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pensi | on or profit-sharing plans |
| No | |
| ☐ Yes. List each account separately. Type of account: Institution name: | |
| 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a <i>Examples:</i> Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommon telecommon services are serviced by the security of the securi | |
| ■ No □ Yes Institution name or individual: | |
| 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of year | ars) |
| ■ No □ Yes Issuer name and description. | |
| 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). | ed state tuition program. |
| Yes Institution name and description. Separately file the records of any interests | .11 U.S.C. § 521(c): |
| 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rig ■ No | ghts or powers exercisable for your benefit |
| ☐ Yes. Give specific information about them | |
| 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements No | |
| ☐ Yes. Give specific information about them | |
| 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, No | professional licenses |
| ☐ Yes. Give specific information about them | |
| Money or property owed to you? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. Tax refunds owed to you □ No | |
| Yes. Give specific information about them, including whether you already filed the returns and the | ne tax years |
| Any interest the Debtor has in any and all | |
| federal refunds in up to the date of filing. | Federal \$1.00 |
| | |
| Any interest the Debtor has in any and all federal refunds in up to the date of | |
| filing. | State \$1.00 |

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

■ No

| | Case 19-60717 | Doc 1 Filed 03/28/19 Document | 9 Entered 03/28/19 17:54:52 Page 14 of 58 | Desc Main 3/28/19 5:53PI |
|--------------|--|---|---|----------------------------|
| Debtor 1 | Kimberly A Buttner | | Case number (if known) | 3/20/19 3.33F1 |
| ☐ Yes | . Give specific information | | | |
| Exam | | | enefits, sick pay, vacation pay, workers' comper | nsation, Social Security |
| | | including possible garnis | btor unkown at the time of filing, shment funds, potential injury pensation, claims, and inheritance. | \$1.00 |
| | ests in insurance policies apples: Health, disability, or life in | nsurance; health savings account | (HSA); credit, homeowner's, or renter's insurar | nce |
| ☐ Yes | | y of each policy and list its value. any name: | Beneficiary: | Surrender or refund value: |
| If you some | | e you from someone who has di trust, expect proceeds from a life i | ied insurance policy, or are currently entitled to reco | eive property because |
| Exam ■ No | | her or not you have filed a lawsudisputes, insurance claims, or right | uit or made a demand for payment ts to sue | |
| ■ No | contingent and unliquidated Describe each claim | I claims of every nature, includi | ng counterclaims of the debtor and rights to | set off claims |
| ■ No | inancial assets you did not al | Iready list | | |
| | - | | any entries for pages you have attached | \$264.07 |
| Part 5: D | escribe Any Business-Related Pr | roperty You Own or Have an Interest | t In. List any real estate in Part 1. | |
| _ ` | own or have any legal or equital | ble interest in any business-related | property? | |
| | Go to line 38. | | | |
| | escribe Any Farm- and Commerc you own or have an interest in farm | cial Fishing-Related Property You Ovnland, list it in Part 1. | wn or Have an Interest In. | |
| ■ No | o. Go to Part 7. | quitable interest in any farm- or | commercial fishing-related property? | |
| ☐ Ye | es. Go to line 47. | | | |
| Port 7 | Deceribe All Dremerty Vey Ou | un or House on Interest in That Vou D | aid Not List Above | |

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Debtor 1 Kimberly A Buttner

Case number (if known)

53. Do you have other property of any kind you did not already list?

| | Timberry 71 Dutaner | | | |
|------|---|---------------|------------------------------|--------------|
| | Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership No | | | |
| | Yes. Give specific information | | | |
| 54. | Add the dollar value of all of your entries from Part 7. Write that | t number here | | \$0.00 |
| Part | 8: List the Totals of Each Part of this Form | | | |
| 55. | Part 1: Total real estate, line 2 | | | \$143,300.00 |
| 56. | Part 2: Total vehicles, line 5 | \$7,375.00 | _ | |
| 57. | Part 3: Total personal and household items, line 15 | \$570.00 | | |
| 58. | Part 4: Total financial assets, line 36 | \$264.07 | | |
| 59. | Part 5: Total business-related property, line 45 | \$0.00 | | |
| 60. | Part 6: Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. | Part 7: Total other property not listed, line 54 + | \$0.00 | | |
| 62. | Total personal property. Add lines 56 through 61 | \$8,209.07 | Copy personal property total | \$8,209.07 |
| 63. | Total of all property on Schedule A/B. Add line 55 + line 62 | | | \$151,509.07 |

Official Form 106A/B Schedule A/B: Property page 6

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| 5:53PM |
|--------|
| |

| Fill in this information to identify your case: | | | | | | |
|---|--------------------------|--------------------|-------------|--|--------------------------------------|--|
| Debtor 1 | Kimberly A Buttn | er | | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 | | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | |
| United States Ba | inkruptcy Court for the: | WESTERN DISTRICT C | DF VIRGINIA | | | |
| Case number | | | | | Chack if this is an | |
| (ii kilowii) | | | | | _ | |
| (if known) | | | | | ☐ Check if this is an amended filing | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds-may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Га | identify the Property Tou Claim as E | xempt | | | | |
|----|---|--------------------------------------|--|------------------------------------|--|--|
| 1. | Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you. | | | | | |
| | ■ You are claiming state and federal nonban | 1 U.S.C. § 522(b)(3) | | | | |
| | ☐ You are claiming federal exemptions. 11 I | J.S.C. § 522(b)(2) | | | | |
| 2. | For any property you list on Schedule A/B | that you claim as exe | mpt, fill in the information below. | | | |
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption | | |
| | | Copy the value from Schedule A/B | Check only one box for each exemption. | | | |
| | 4000 Famil Maratan a 400 000 miles | | | \/- O-d- A 004 00(0) | | |

| | Schedule A/B | | |
|--|--------------|---|---------------------------|
| 1996 Ford Mustang 100,000 miles NADA Value: \$7,375 | \$7,375.00 | \$6,000.00 | Va. Code Ann. § 34-26(8) |
| Line from Schedule A/B: 3.1 | | 100% of fair market value, up to any applicable statutory limit | |
| 1996 Ford Mustang 100,000 miles NADA Value: \$7,375 | \$7,375.00 | \$772.00 | Va. Code Ann. § 34-4 |
| Line from Schedule A/B: 3.1 | | 100% of fair market value, up to any applicable statutory limit | |
| Women's clothing Line from Schedule A/B: 11.1 | \$500.00 | \$500.00 | Va. Code Ann. § 34-4 |
| | | 100% of fair market value, up to any applicable statutory limit | |
| 1 wedding ring Line from Schedule A/B: 12.1 | \$25.00 | \$25.00 | Va. Code Ann. § 34-26(1a) |
| Line nom Schedule A/B. 12-1 | | 100% of fair market value, up to any applicable statutory limit | |
| 5 earrings, 2 necklaces Line from Schedule A/B: 12.2 | \$45.00 | \$45.00 | Va. Code Ann. § 34-4 |
| Line from Genedale AVD. 12:2 | | 100% of fair market value, up to | |

any applicable statutory limit

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Document

| De | ebtor 1 Kimberly A Buttner | | | Case number (if known) | |
|----|--|--------------------------------------|---------|---|------------------------------------|
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Am | ount of the exemption you claim | Specific laws that allow exemption |
| | Copy the value from Schedule A/B | | | eck only one box for each exemption. | |
| | Cash on hand Line from Schedule A/B: 16.1 | \$10.00 | | \$10.00 | Va. Code Ann. § 34-4 |
| | | | | 100% of fair market value, up to any applicable statutory limit | |
| | Checking & Savings: Suntrust - 6706 Line from Schedule A/B: 17.1 | \$251.07 | | \$251.07 | Va. Code Ann. § 34-4 |
| | Line IIoiii Schedule A/D. 1711 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Federal: Any interest the Debtor has in any and all federal refunds in up to | \$1.00 | | \$1.00 | Va. Code Ann. § 34-4 |
| | the date of filing. Line from Schedule A/B: 28.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | State: Any interest the Debtor has in any and all federal refunds in up to | \$1.00 | | \$1.00 | Va. Code Ann. § 34-4 |
| | the date of filing. Line from Schedule A/B: 28.2 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Potential funds due to debtor unkown at the time of filing, | \$1.00 | | \$1.00 | Va. Code Ann. § 34-4 |
| | including possible garnishment funds, potential injury lawsuits, workmans compensation, claims, and inheritance. Line from Schedule A/B: 30.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| 3. | Are you claiming a homestead exemption of (Subject to adjustment on 4/01/19 and every 3 | | | iled on or after the date of adjustmer | nt.) |
| | No | | | | |
| | ☐ Yes. Did you acquire the property covere | d by the exemption w | ithin 1 | ,215 days before you filed this case | ? |
| | □ No | | | | |
| | Π Vac | | | | |

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| | | | | 3/28/19 5:53PM |
|---|--|---|--|-------------------|
| Fill in this information to identify | your case: | | | |
| Debtor 1 Kimberly A B | uttner | | | |
| First Name | Middle Name Last Name | | | |
| Debtor 2 (Spouse if, filing) First Name | Middle Name Last Name | | | |
| (4) | | | | |
| United States Bankruptcy Court for t | he: WESTERN DISTRICT OF VIRGINIA | | | |
| Case number | | | | |
| (if known) | | | _ | if this is an |
| | | | ameno | led filing |
| Official Form 106D | | | | |
| • | ro Who Hove Claims Coours | d by Dranart | | 40/45 |
| Schedule D. Credito | rs Who Have Claims Secure | d by Property | <u>y </u> | 12/15 |
| | le. If two married people are filing together, both are ed I it out, number the entries, and attach it to this form. O | | | |
| Do any creditors have claims secure | d by your property? | | | |
| ☐ No. Check this box and subm | it this form to the court with your other schedules. Y | ou have nothing else to | o report on this form. | |
| Yes. Fill in all of the informati | · | 3 | • | |
| | on below. | | | |
| Part 1: List All Secured Claims | | Column A | Column B | Column C |
| for each claim. If more than one creditor | as more than one secured claim, list the creditor separately has a particular claim, list the other creditors in Part 2. As | Amount of claim | Value of collateral | Unsecured |
| much as possible, list the claims in alpha | betical order according to the creditor's name. | Do not deduct the value of collateral. | that supports this claim | portion If any |
| 2.1 Advent Mortgage | Describe the property that secures the claim: | \$152,000.00 | \$143,300.00 | \$8,700.00 |
| Creditor's Name | 24 Nahor Dr Palmyra, VA 22963 | | | |
| | Fluvanna County | | | |
| | CTA Value : \$137,300.00 Tax Map# 18A 8 191 | | | |
| 305 N Hurstbourne Lane Suite 125 | As of the date you file, the claim is: Check all that | | | |
| Louisville, KY 40222 | apply. □ Contingent | | | |
| Number, Street, City, State & Zip Code | Unliquidated | | | |
| | ☐ Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only | \square An agreement you made (such as mortgage or see | cured | | |
| Debtor 2 only | car loan) | | | |
| Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| At least one of the debtors and another | er | | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) | | | |
| Date debt was incurred 2006 | Last 4 digits of account number 1869 | | | |

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| Debtor 1 Kimberly A Buttner | | | | Case number (if known) | | | |
|--|--|--|---|--------------------------|------------|--------|--|
| | First Name | Middle N | Name Last Name | | | | |
| 2.2 | State Farm Fe Union | ederal Credit | Describe the property that secures the claim: | \$603.00 | \$7,375.00 | \$0.00 | |
| | Creditor's Name | | 1996 Ford Mustang 100,000 miles NADA Value: \$7,375 | | | | |
| | Attn: Bankrup Po Box 85394 Richardson, T | 4 | As of the date you file, the claim is: Check all the apply. ☐ Contingent | t | | | |
| Number, Street, City, State & Zip Code Unliquidated Disputed Who owes the debt? Check one. Nature of lien. Check all that apply. | | | | | | | |
| ■ De | ebtor 1 only | SHECK OHE. | ☐ An agreement you made (such as mortgage o car loan) | r secured | | | |
| | ebtor 1 and Debtor 2 least one of the del | , | ☐ Statutory lien (such as tax lien, mechanic's lien) ☐ Judgment lien from a lawsuit | | | | |
| □ cı | heck if this claim roommunity debt | | Other (including a right to offset) | | | | |
| Date | debt was incurred | Opened 06/14 Last Active 11/08/18 | Last 4 digits of account number 50 | 00 | | | |
| If th | | of your form, add | Column A on this page. Write that number here: I the dollar value totals from all pages. | \$152,603. \$152,603. | | | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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| | | | | | | | | Ī | | 3/28/19 5:53PM |
|------|--------------------|--|----------------|-----------------------------|----------------|----------------|--------------------------|----------------------|--------------|--------------------|
| Fill | in this inform | ation to identify your o | case: | | | | | | | |
| Del | btor 1 | Kimberly A Buttne | er | | | | | | | |
| | | First Name | | e Name | Last Name | е | | | | |
| 1 | btor 2 | | | | | | | | | |
| (Spc | ouse if, filing) | First Name | Middl | e Name | Last Name | е | | | | |
| Uni | ited States Ban | kruptcy Court for the: | WESTER | N DISTRICT OF VIRO | SINIA | | | | | |
| Co | | | | | | | | | | |
| | se number nown) | | | | | | | | Check i | f this is an |
| | | | | | | | | | | ed filing |
| | | | | | | | | • | | - |
| | ficial Form | | | | | | | | | |
| Sc | hedule E/ | F: Creditors W | ho Hav | e Unsecured | <u>Claim</u> | S | | | | 12/15 |
| | | accurate as possible. Us | | | | | | | | |
| | | acts or unexpired leases ory Contracts and Unexpi | | | | | | | | |
| | | rs Who Have Claims Secuinuation Page to this page | | | | | | | | |
| | e and case num | | e. II you nav | re no imormation to rep | ort ill a Fa | irt, do not i | nie that Part. On the i | op or any auu | ilionai p | Jages, write your |
| Par | rt 1: List All | of Your PRIORITY Un | secured C | laims | | | | | | |
| 1. | Do any creditor | s have priority unsecured | d claims aga | ainst you? | | | | | | |
| | ☐ No. Go to Pa | rt 2. | | | | | | | | |
| | Yes. | | | | | | | | | |
| 2. | | priority unsecured claims | . If a credito | r has more than one prior | rity unsecu | red claim, lis | st the creditor separate | ely for each clai | m. For e | each claim listed, |
| | identify what type | e of claim it is. If a claim ha | s both priorit | y and nonpriority amount | s, list that o | claim here a | and show both priority a | and nonpriority | amounts | s. As much as |
| | | claims in alphabetical orde nan one creditor holds a pa | | | | iore man iw | o priority unsecured c | airns, iiii out trie | e Conun | uation Page of |
| | (For an explanat | ion of each type of claim, s | ee the instru | ctions for this form in the | instruction | booklet.) | | | | |
| | | | | | | | Total claim | Priority amount | | Nonpriority amount |
| 2.1 | Fluvanna | a County Treasurer | | Last 4 digits of accour | nt number | 8414 | \$748.76 | | 48.76 | \$0.00 |
| | | ditor's Name | | | | | | | | |
| | РО ВОХ | | | When was the debt inc | curred? | 2018 | | _ | | |
| | | , VA 22963 eet City State Zip Code | | As of the date you file, | the claim | is: Check a | all that annly | | | |
| | | the debt? Check one. | | ☐ Contingent | the claim | is. Oncor c | ан инас арргу | | | |
| | ■ Debtor 1 on | dv | | 9 | | | | | | |
| | _ | | | Unliquidated | | | | | | |
| | ☐ Debtor 2 on | • | | Disputed | | | | | | |
| | ☐ Debtor 1 an | nd Debtor 2 only | | Type of PRIORITY uns | | ıım: | | | | |
| | At least one | of the debtors and anothe | r | ☐ Domestic support ob | oligations | | | | | |
| | ☐ Check if th | is claim is for a commun | ity debt | Taxes and certain ot | • | | • | | | |
| | | ubject to offset? | | ☐ Claims for death or p | ersonal inj | ury while yo | ou were intoxicated | | | |
| | No | | | Other. Specify | | | | | | |
| | ☐ Yes | | | 20 | 17 & 201 | 8 Perso | nal Property | | | |
| 2.2 | Internal | Revenue Service | | Last 4 digits of accour | t number | 0111 | \$1.00 | | \$1.00 | \$0.00 |
| 2.2 | | ditor's Name | | Last 4 digits of accoun | it ilullibei | 0414 | <u>\$1.00</u> | - - ' | 91.00 | φυ.υυ |
| | PO Box | 7346 | | When was the debt inc | curred? | 2018 | | | | |
| | | phia, PA 19101-7346 | <u> </u> | | | | | | | |
| | | eet City State Zip Code the debt? Check one. | | As of the date you file, | the claim | is: Check a | all that apply | | | |
| | _ | | | ☐ Contingent | | | | | | |
| | Debtor 1 on | • | | ☐ Unliquidated | | | | | | |
| | Debtor 2 on | nly | | ☐ Disputed | | | | | | |
| | Debtor 1 an | nd Debtor 2 only | | Type of PRIORITY uns | | nim: | | | | |
| | ☐ At least one | e of the debtors and anothe | r | ☐ Domestic support ob | oligations | | | | | |
| | ☐ Check if th | is claim is for a commun | ity debt | Taxes and certain of | her debts y | ou owe the | government | | | |
| | Is the claim su | ubject to offset? | | ☐ Claims for death or p | - | | = | | | |
| | ■ No | | | ☐ Other. Specify | | | | | | |
| | ☐ Yes | | | | TICE O | NLY | | | | |

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|---|--|--------------------|----------------------------------|-----------------------|----------------|--|--|--|
| Debtor 1 Kimberly A Buttner | | Case num | ber (if known) | | 3/28/19 5:53PM | | | |
| 2.3 Virginia Department of Taxation | Last 4 digits of account number | | \$1.00 | \$1.00 | \$0.00 | | | |
| Priority Creditor's Name Bankruptcy Unit PO Box 2156 | When was the debt incurred? | 2018 | | | | | | |
| Richmond, VA 23218-2156 Number Street City State Zip Code | As of the date you file, the claim | is: Chack all th | at annly | | | | | |
| Who incurred the debt? Check one. | Contingent | is. Offect all til | ат арріу | | | | | |
| ■ Debtor 1 only | ☐ Unliquidated | | | | | | | |
| ☐ Debtor 2 only | ☐ Disputed | | | | | | | |
| Debtor 1 and Debtor 2 only | Type of PRIORITY unsecured cla | im: | | | | | | |
| ☐ At least one of the debtors and another | ☐ Domestic support obligations | | | | | | | |
| ☐ Check if this claim is for a community debt | ■ Taxes and certain other debts y | ou owe the gov | vernment vernment | | | | | |
| Is the claim subject to offset? | ☐ Claims for death or personal injury while you were intoxicated | | | | | | | |
| ■ No | ☐ Other. Specify | | | | | | | |
| ☐ Yes | NOTICE O | NLY | | | | | | |
| D. C. M. CV. NONDRIGHTY II | | | | | | | | |
| Part 2: List All of Your NONPRIORITY Unsec | | | | | | | | |
| 3. Do any creditors have nonpriority unsecured clai | | | | | | | | |
| ☐ No. You have nothing to report in this part. Subm | it this form to the court with your other s | schedules. | | | | | | |
| Yes. | | | | | | | | |
| 4. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each than one creditor holds a particular claim, list the other Part 2. | claim. For each claim listed, identify wh | nat type of claim | n it is. Do not list claims alre | eady included in Part | 1. If more | | | |
| | | | | Total claim | ì | | | |
| 4.1 Capital One | Last 4 digits of account numb | er 7152 | | | \$387.00 | | | |
| Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285 | When was the debt incurred? | Opene 8/19/16 | d 03/16 Last Active | | | | | |
| | Salt Lake City, UT 84130 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply | | | | | | | |
| Who incurred the debt? Check one. | As of the date you me, the old | | | | | | | |
| ■ Debtor 1 only | ☐ Contingent | | | | | | | |
| Debtor 2 only | ☐ Unliquidated | | | | | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | | |

Type of NONPRIORITY unsecured claim:

■ Other. Specify Credit Card

 $\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

☐ Student loans

debt

■ No ☐ Yes

☐ At least one of the debtors and another

Is the claim subject to offset?

☐ Check if this claim is for a community

Case 19-60717 Doc 1 Filed 03/28/19 Entered 03/28/19 17:54:52 Page 22 of 58 Document 3/28/19 5:53PM Debtor 1 Kimberly A Buttner Case number (if known) 4.2 CashNetUSA Last 4 digits of account number 8414 \$575.00 Nonpriority Creditor's Name 200 West Jackson Ste 1400 When was the debt incurred? 2018 Chicago, IL 60606 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Pay Day Loan 4.3 Citibank Last 4 digits of account number 1420 \$30,000.00 Nonpriority Creditor's Name Citibank Corp/Centralized Opened 04/03 Last Active **Bankruptcy** When was the debt incurred? 8/31/11 Po Box 790034 St Louis, MO 63179 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed ☐ Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify Educational

Elastic - Republic Bank & Trust Co.

Nonpriority Creditor's Name
9683 Kenwood Rd
Cincinnati, OH 45242
Number Street City State Zip Code

Number Street City State Zip Code

Who incurred the debt? Check one.

■ Debtor 1 only
□ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

lacksquare At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

■ No
□ Yes

Last 4 digits of account number

When was the debt incurred?

8414

2018

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed☐

Type of NONPRIORITY unsecured claim:

☐ Student loans

 $\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

Debts to pension or profit-sharing plans, and other similar debts

■ Other Specify Pay Day Loan

\$575.00

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3/28/19 5:53PM Debtor 1 Kimberly A Buttner Case number (if known) 4.5 JL Walston & Associates Last 4 digits of account number 0921 \$117.00 Nonpriority Creditor's Name Attn: Bankruptcy Dept When was the debt incurred? **Opened 02/17** 2609 N Duke St Durham, NC 27704 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Collection Attorney Uva Physicians Group ☐ Yes 4.6 Merrick Bank/CardWorks \$825.00 Last 4 digits of account number Nonpriority Creditor's Name Attn: Bankruptcy Opened 08/16 Last Active When was the debt incurred? Po Box 9201 12/22/16 Old Bethpage, NY 11804 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Credit Card** Other. Specify 4.7 Navient Last 4 digits of account number 0201 \$8,461.00 Nonpriority Creditor's Name Attn: Bankruptcy Opened 02/07 Last Active Po Box 9000 When was the debt incurred? 7/27/18 Wiles-Barr, PA 18773 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims

■ No
□ Yes

☐ Other. Specify

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

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| Debtor | 1 Kimberly A Buttner | Case number (if known) | | | | | |
|----------|---|---|--|------------|--|--|--|
| 4.8 | Navient Nonpriority Creditor's Name | Last 4 digits of account number | 0223 | \$7,792.00 | | | |
| | Attn: Bankruptcy Po Box 9000 Wiles-Barr, PA 18773 | When was the debt incurred? | Opened 02/06 Last Active 7/27/18 | | | | |
| | Number Street City State Zip Code | As of the date you file, the claim i | s: Check all that apply | | | | |
| | Who incurred the debt? Check one. Debtor 1 only | ☐ Contingent | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | |
| | Debtor 2 only Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | |
| | ☐ Check if this claim is for a community | Student loans | | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | | | | |
| | ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | | | | |
| | Yes | Other. Specify | | | | | |
| | | Educationa | | | | | |
| 4.9 | Navient | Last 4 digits of account number | 0201 | \$7,635.00 | | | |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 9000 Wiles-Barr, PA 18773 | When was the debt incurred? | Opened 02/07 Last Active 7/27/18 | | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | |
| | ☐ Debtor 2 only | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured claim: Check if this claim is for a community ebt Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | | |
| | \square At least one of the debtors and another | | | | | | |
| | ☐ Check if this claim is for a community | | | | | | |
| | debt Is the claim subject to offset? | | | | | | |
| | No | Debts to pension or profit-sharin | g plans, and other similar debts | | | | |
| | Yes | Other. Specify | | | | | |
| | | | | | | | |
| 4.1 0 | Navient | Last 4 digits of account number | 0223 | \$7,143.00 | | | |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 9000 Wiles-Barr, PA 18773 | When was the debt incurred? | Opened 02/06 Last Active 7/27/18 | | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | |
| | ☐ Check if this claim is for a community debt | Student loansObligations arising out of a sepa | ration agreement or divorce that you did not | | | | |
| | Is the claim subject to offset? | report as priority claims | | | | | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | | | | |
| | Yes | Other. Specify | | | | | |
| | | Educationa | l | | | | |

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| Debt | Kimberly A Buttner | | | |
|----------|--|--|--|------------|
| 1.1 | Navient | Last 4 digits of account number | 0414 | \$6,381.00 |
| 1 | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 9000 Wiles-Barr, PA 18773 | When was the debt incurred? | Opened 04/03 Last Active 7/27/18 | ψο,οστιου |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | ■ Debtor 1 only | | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | I claim: | |
| | ☐ Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | ☐ Other. Specify | | |
| | | Educationa | I | |
| 4.1 2 | Navient Nonpriority Creditor's Name | Last 4 digits of account number | 0414 | \$3,375.00 |
| | Attn: Bankruptcy Po Box 9000 | When was the debt incurred? | Opened 04/03 Last Active 7/27/18 | |
| | Wiles-Barr, PA 18773 Number Street City State Zip Code | As of the date you file, the claim i | s: Check all that apply | |
| | Who incurred the debt? Check one. | Пол | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured | l claim: | |
| | At least one of the debtors and another | Student loans | i Cidiiii. | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa | ration agreement or divorce that you did not | |
| | _ | report as priority claims Debts to pension or profit-sharin | a plane, and other circular debte | |
| | ■ No | <u> </u> | g plans, and other similar debts | |
| | ☐ Yes | ☐ Other. Specify | I | |
| 4.1 | | | | * |
| 3 | Navient Nonpriority Creditor's Name | Last 4 digits of account number | 0606 | \$2,812.00 |
| | Attn: Bankruptcy Po Box 9000 Wiles Borr, BA 19772 | When was the debt incurred? | Opened 06/05 Last Active 7/27/18 | |
| | Wiles-Barr, PA 18773 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | Student loans | | |
| | debt | ☐ Obligations arising out of a sepa | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | · | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | □Yes | Other, Specify | | |

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| Debto | r 1 Kimberly A Buttner | | Case number (if known) | 3/28/19 5:53PM | | |
|----------|--|---|---|----------------|--|--|
| 4.1 | | | · , | | | |
| 4 | Navient | Last 4 digits of account number | 0607 | \$2,126.00 | | |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 9000 Wiles-Barr, PA 18773 | When was the debt incurred? | Opened 06/04 Last Active 7/27/18 | | | |
| | Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | | | |
| | Who incurred the debt? Check one. | _ | | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | ☐ Check if this claim is for a community | Student loans | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | |
| | ☐ Yes | ☐ Other. Specify | | | | |
| | | Educationa | nl | | | |
| | | | | | | |
| 4.1 5 | Navient | Last 4 digits of account number | 0607 | \$1,679.00 | | |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 9000 | When was the debt incurred? | Opened 06/04 Last Active 7/27/18 | | | |
| | Wiles-Barr, PA 18773 | iles-Barr, PA 18773 mber Street City State Zip Code As of the date you file, the claim is: Check all that apply | | | | |
| | Who incurred the debt? Check one. | As of the date you file, the claim | s: Cneck all that apply | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | ☐ Check if this claim is for a community | Student loans | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | |
| | ☐ Yes | ☐ Other. Specify | | | | |
| | | Educationa | ıl | | | |
| 4.1 | OneMain Financial | Last 4 digits of account number | 6115 | \$4,202.00 | | |
| 6 | Nonpriority Creditor's Name | Last 4 digits of account number | | Ψ+,202.00 | | |
| | Attn: Bankruptcy 601 Nw 2nd Street | When was the debt incurred? | Opened 05/18 Last Active 12/31/18 | | | |
| | Evansville, IN 47708 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | |
| | _ | | | | | |
| | Debtor 1 only | Contingent | | | | |
| | Debtor 2 only | Unliquidated | | | | |
| | Debtor 1 and Debtor 2 only | Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | | | | |
| | Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | | | | |
| | ■ No | Debts to pension or profit-sharin | | | | |
| | ☐ Yes | ■ Other. Specify Unsecured | | | | |
| | _ 100 | - Other, Specify | | | | |

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3/28/19 5:53PM Debtor 1 Kimberly A Buttner Case number (if known) 4.1 1000 \$24,832.00 Santander Consumer USA Last 4 digits of account number Nonpriority Creditor's Name Opened 06/15 Last Active Attn: Bankruptcy Po Box 961245 When was the debt incurred? 11/30/18 Fort Worth, TX 76161 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Totaled Car ☐ Yes 4.1 \$2,569.26 Sentara 8414 Last 4 digits of account number 8 Nonpriority Creditor's Name P.O. BOX 2156 When was the debt incurred? 2018 Charlottesville, VA 22902 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Medical 4.1 SIc Conduit I LIc 1431 \$1,000.00 9 Last 4 digits of account number Nonpriority Creditor's Name Citibank USA, N.A Opened 01/07 Last Active Po Box 6191 When was the debt incurred? 07/11 Sioux Falls, SD 57117 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify

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| Debto | ¹ Kimberly A Buttner | | Case number (if known) | 3/28/19 5:53PM | | | | |
|----------|---|--|---|----------------|--|--|--|--|
| | Killiberry A Butther | | | | | | | |
| 4.2 0 | State Farm Federal Credit Union | Last 4 digits of account number | 5500 | \$1,596.00 | | | | |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 853944 Richardson, TX 75085 | When was the debt incurred? | Opened 10/15 Last Active 11/21/18 | | | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | | | |
| | ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only | ☐ Contingent ☐ Unliquidated ☐ Disputed | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | | |
| | Check if this claim is for a community debt | | ration agreement or divorce that you did not | | | | | |
| | Is the claim subject to offset? | report as priority claims | | | | | | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | | | | | |
| | Yes | Other. Specify Unsecured | | | | | | |
| 4.2 | State Farm Federal Credit Union Nonpriority Creditor's Name | Last 4 digits of account number | 3800 | \$862.00 | | | | |
| | Attn: Bankruptcy Po Box 853944 Richardson, TX 75085 | When was the debt incurred? | Opened 12/10 Last Active 11/21/18 | | | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | | |
| | | _ ' | | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured | Type of NONPRIORITY unsecured claim: | | | | | |
| | At least one of the debtors and another | Student loans | | | | | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | | ration agreement or divorce that you did not | | | | | |
| | ■ No | Debts to pension or profit-sharin | | | | | | |
| | Yes | ■ Other Specify Check Cred | 01 , | | | | | |
| | | | | | | | | |
| 4.2 | United Consumers Inc Nonpriority Creditor's Name | Last 4 digits of account number | 9411 | \$193.00 | | | | |
| | Attn: Bankruptcy Dept Po Box 4466 Woodbridge, VA 22192 | When was the debt incurred? | Opened 12/16 | | | | | |
| | Number Street City State Zip Code | As of the date you file, the claim i | is: Check all that apply | | | | | |
| | Who incurred the debt? Check one. | | | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | □ Disputed | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | | | | |
| | No | Debts to pension or profit-sharing | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | | | |
| | Yes | Collection A Other. Specify Consultant | Attorney Piedmont Emergency s | | | | | |

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|----------|--|---|---|----------------|--|--|
| Debt | or 1 Kimberly A Buttner | | Case number (if known) | 3/26/19 5.53FW | | |
| 4.2 3 | University Of Va Commu | Last 4 digits of account number | 3085 | \$3,328.00 | | |
| | Nonpriority Creditor's Name | _ | Opened 03/03 Lept Active | | | |
| | 3300 Berkmar Dr Charlottesville, VA 22901 | When was the debt incurred? | Opened 03/02 Last Active 12/05/18 | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | | |
| | ■ No | ☐ Debts to pension or profit-sharin | ng plans, and other similar debts | | | |
| | ☐ Yes | Other. Specify Credit Card | l | | | |
| 4.2 | UVA Medical Center | | 8414 | ¢4.426.25 | | |
| 4 | Nonpriority Creditor's Name | Last 4 digits of account number | | \$1,136.25 | | |
| | c/o Robert B. McEntee, Jr. P.O. Box 610 Richmond, VA 23218 Number Street City State Zip Code | When was the debt incurred? As of the date you file, the claim | 2018 is: Check all that apply | | | |
| | Who incurred the debt? Check one. | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | | |
| | No | Debts to pension or profit-sharing | on plans, and other similar debts | | | |
| | Yes | ■ Other. Specify Medical | g plane, and early climical desic | | | |
| 4.2 | Vallay Cradit Samina Inc | | 0049 | ¢54.00 | | |
| 5 | Valley Credit Service, Inc Nonpriority Creditor's Name | Last 4 digits of account number | | \$54.00 | | |
| | Attn: Bankruptcy Po Box 2162 | When was the debt incurred? | Opened 06/14 | | | |
| | Hagerstown, MD 21742 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify Collection Attorney Michael Muro

■ No

☐ Yes

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you

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|----------|----------------|
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| have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be |
|---|
| notified for any debts in Parts 1 or 2, do not fill out or submit this page. |

Name and Address **Internal Revenue Service Insolvency Unit** 400 N 8th St Ste 76 Richmond, VA 23219-4836

Debtor 1 Kimberly A Buttner

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2.2 of (Check one): ■ Part 1: Creditors with Priority Unsecured Claims

Case number (if known)

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Total Claim |
|--------------|-----|---|-----|------------------|
| | 6a. | Domestic support obligations | 6a. | \$ 0.00 |
| Total claims | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ 750.76 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ 750.76 |
| | | | | Total Claim |
| | 6f. | Student loans | 6f. | \$ 78,404.00 |
| Total claims | | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ 41,251.51 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ 119,655.51 |

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| 5:53PM |
|--------|
| |

| Fill in this infor | | | | | | |
|--|------------|-------------|-----------|--|--|---------------------|
| Debtor 1 Kimberly A Buttner | | | | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 | | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | |
| United States Bankruptcy Court for the: WESTERN DISTRICT OF VIRGINIA | | | | | | |
| Case number | | | | | | |
| (if known) | | | | | | Check if this is an |
| | | | | | | amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| ı | Person or | company with | n whom you have the er, Street, City, State and ZIP | e contract or lease Code | State what the contract or lease is for |
|-----|-----------|--------------|--|-----------------------------|---|
| 2.1 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | <u> </u> |
| 2.2 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.3 | City | | Otate | Zii Code | |
| 2.0 | Name | | | | <u> </u> |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | _ |
| 2.4 | Ony | | Otato | 211 0000 | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.5 | City | | State | ZIP Code | |
| 2.0 | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |

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| | | | | | 3/28/19 5:53PM |
|---|---|---|--|---|---|
| Fill in this | information to identify your | case: | | | |
| Debtor 1 | Kimberly A Buttr |) Ar | | | |
| Dobtor 1 | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filir | ng) First Name | Middle Name | Last Name | | |
| United Sta | tes Bankruptcy Court for the: | WESTERN DISTRICT O | OF VIRGINIA | | |
| Case numl | her | | | | |
| (if known) | | | | | ☐ Check if this is an |
| | | | | | amended filing |
| Ott: -: - | I Came 40011 | | | | |
| | I Form 106H | | | | |
| Sched | lule H: Your Cod | ebtors | | | 12/15 |
| No Yes 2. With Arizon No. Yes 3. In Colin line | hin the last 8 years, have you a, California, Idaho, Louisiana Go to line 3. 5. Did your spouse, former spoumn 1, list all of your codebte 2 again as a codebtor only is | u lived in a community pr , Nevada, New Mexico, Pu use, or legal equivalent live cors. Do not include your if that person is a guaran | operty state or territo erto Rico, Texas, Wash with you at the time? spouse as a codebto tor or cosigner. Make | ry? (Community proper hington, and Wisconsin. r if your spouse is filir sure you have listed t | ty states and territories include) ng with you. List the person shown the creditor on Schedule D (Official , Schedule E/F, or Schedule G to fill |
| | olumn 2. | | | _ | |
| | Column 1: Your codebtor Name, Number, Street, City, State and Z | IP Code | | Column 2: The cr Check all schedu | reditor to whom you owe the debt les that apply: |
| | | | | | |
| 3.1 | Nome | | | D Schedule D, lii | |
| | Name | | | ☐ Schedule E/F, | |
| | | | | ☐ Schedule G, li | ne |
| | Number Street City | State | ZIP Code | <u> </u> | |
| | Oity. | State | ZIF COUC | | |
| | | | | — | |
| 3.2 | Name | | | Schedule D, lii | |
| | · · · · · · · · | | | ☐ Schedule E/F,☐ Schedule G, li | |
| _ | | | | Schedule G, III | |
| | Number Street City | State | ZIP Code | | |
| | On, | State | ZIF COUC | | |

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| | | | | | | | • | | | | |
|--------------------|--|--|--|---|---------------------|----------------|---------------------|-------------------------|---------------------------|------------------------------|-----------------|
| | in this information to btor 1 | Kimberly A I | | | | | | | | | |
| | btor 2 buse, if filing) | , | | | | _ | | | | | |
| | | cy Court for the | WESTERN DISTRICT | OF VIRGINIA | | | | | | | |
| | se number | | | | | | | | ed filing ent showing | g postpetition | chapter |
| \bigcirc | fficial Form | 1061 | | | | | _ | | | ollowing date: | |
| | chedule I: Y | | ome | | | | Ŋ | MM / DD/ Y | YYYY | | 12/15 |
| sup spo atta | plying correct informuse. If you are sepa ch a separate sheet | mation. If you rated and you | ible. If two married peo are married and not filir r spouse is not filing wi On the top of any addition | ng jointly, and your th you, do not inclu | spouse ude infor | is liv mati | ing with on abou | you, incl t your spo | ude inforn ouse. If mo | nation about ore space is | your needed, |
| 1. | Fill in your employ information. | yment | | Debtor 1 | | | | Debtor 2 | 2 or non-fi | ling spouse | |
| | If you have more than one job, | | Employment status | ■ Employed | | | | ☐ Employed | | | |
| | information about a | attach a separate page with information about additional | Employment status | ☐ Not employed | | | | ☐ Not employed | | | |
| | | employers. | | Patient Accoun | t Rep | | | | | | |
| | Include part-time, s self-employed work | | Employer's name | Martha Jefferso | on Hosp | ital | | | | | |
| | Occupation may in or homemaker, if it | | Employer's address | 590 Peter Jefferson Pkwy Charlottesville, VA 22911 | | | | | | | |
| | | | How long employed the | nere? 2 mon | ths | | | _ | | | |
| Pai | rt 2: Give Deta | nils About Mon | thly Income | | | | | | | | |
| spoi | use unless you are se | eparated. pouse have mo | ate you file this form. If your than one employer, countries form. | · · · · · | · | · | oyers for | that perso | on on the lin | nes below. If y | J |
| | | | | | | | For De | DIOF 1 | | otor 2 or ng spouse | |
| 2. | | | ry, and commissions (becalculate what the month) | | 2. | \$ | 2 | 2,539.00 | \$ | N/A | |
| 3. | Estimate and list | monthly overti | me pay. | | 3. | +\$ | | 0.00 | +\$ | N/A | |
| 4. | Calculate gross Ir | ncome. Add lin | e 2 + line 3. | | 4. | \$ | 2,5 | 39.00 | \$ | N/A | |

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| Debtor 1 | | Kimberly A Buttner | = | Case | number (if known) | | | |
|----------|--|--|---|--------------------------|--|---------------------------------|---|----------|
| | Con | y line 4 here | 4. | For | r Debtor 1 2,539.00 | | ebtor 2 or ling spouse N/A | |
| _ | - | * | •• | Ψ_ | 2,000.00 | Ψ | IVA | |
| 5. | 5a. 5b. 5c. 5d. 5e. 5f. 5g. 5h. | all payroll deductions: Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Voluntary contributions for retirement plans Required repayments of retirement fund loans Insurance Domestic support obligations Union dues Other deductions. Specify: 403B | 5a. 5b. 5c. 5d. 5e. 5f. 5g. 5h.+ | \$ | 510.00 0.00 0.00 0.00 0.00 0.00 0.00 167.00 | \$ \$ \$ \$ \$ + | N/A N/A N/A N/A N/A N/A N/A | |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$ | 677.00 | \$ | N/A | |
| 7. | Cald | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 1,862.00 | \$ | N/A | |
| 8. | 8a. 8b. 8c. 8d. 8e. 8f. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income Other monthly income. Specify: | 8a. 8b. 8c. 8d. 8e. 8f. 8g. | \$_ \$_ \$_ \$_ | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 | | N/A N/A N/A N/A N/A | 1 |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 0.00 | \$ | N/A | <u> </u> |
| 10. | | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. \$ | | 1,862.00 + \$ | | N/A = \$ | 1,862.00 |
| 11. | Inclu othe | e all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify: | depen | | • | | nedule J. 11. +\$ | 0.00 |
| | Writ appl | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies you expect an increase or decrease within the year after you file this form? | n Liabi | | | | 12. \$ Combine monthly | |
| | | No. Yes. Explain: | | | | | | |

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| GHI. | in this i nforms | tion to identify | NIT OGGG | · | | | | | | |
|------------|--|------------------------------------|------------------------|--|---|------------------------------------|-------------------------|-----------------------------|--|-------|
| | | tion to identify yo | | | | | | | | |
| Deb | Debtor 1 Kimberly A Buttner | | | | | eck if this is: An amended filing | | | | |
| Deb | tor 2 | | | | | | | Ū | wing postpetition char | oter |
| l | ouse, if filing) | | | | | Ь | | | the following date: | otoi |
| Unit | ed States Bankr | ruptcy Court for the: | WESTE | ERN DISTRICT OF VIRGI | NIA | MM / DD / YYYY | | | | |
| Cas | e number | | | | | | | | | |
| | nown) | | | | | | | | | |
| O | fficial Fo | rm 106J | | | | | | | | |
| S | chedule | J: Your I | Exper | ises | | | | | | 12/15 |
| Be info | as complete a | and accurate as | possible eded, atta | . If two married people and the control of the cont | re filing together, bo form. On the top of | th are ec any addi | ually res tional pag | ponsible fo ges, write y | or supplying correct your name and case | |
| | | ibe Your House | hold | | | | | | | |
| 1. | Is this a joir | | | | | | | | | |
| | ■ No. Go to | | | ata hawaahald? | | | | | | |
| | | | n a separ | ate household? | | | | | | |
| | | _ | st file Offici | al Form 106J-2, Expenses | s for Senarate Housel | hold of De | ehtor 2 | | | |
| • | | | _ | arr om 1000 2, <i>Exponso</i> c | To Coparate House | 1014 01 20 | DD101 2. | | | |
| 2. | • | e dependents? | □ No | | | | | | | |
| | Do not list Do Debtor 2. | ebtor 1 and | Yes. | Fill out this information for each dependent | Dependent's relation Debtor 1 or Debtor | | Dep age | endent's | Does dependent live with you? | |
| | Do not state | the | | | | | | | □ No | |
| | dependents | names. | | | Daughter | | 10 | | Yes | |
| | | | | | | | | | □ No | |
| | | | | | Daughter | | 12 | | Yes | |
| | | | | | | | | | □ No | |
| | | | | | | | | | ☐ Yes ☐ No | |
| | | | | | | | | | ☐ No☐ Yes | |
| 3. | Do your exp | enses include | | No | - | | | | — 103 | |
| | | f people other ti | | Yes | | | | | | |
| | yoursen and | d your depender | nts? — | . 55 | | | | | | |
| | | ate Your Ongoin | | | | | | | | |
| exp | | | | uptcy filing date unless y y is filed. If this is a supp | | | | | | |
| Inc | lude expense | s paid for with r | non-cash | government assistance i | if you know | | | | | |
| the | value of such | n assistance and | | cluded it on Schedule I: | | | | Your exp | ansas | |
| (Of | ficial Form 10 | 161.) | | | | | | Tour exp | 611363 | |
| 4. | The rental or home ownership expenses for your residence. Include payments and any rent for the ground or lot. | | | nclude first mortgage | 4. | \$ | | 150.00 | | |
| | If not includ | led in line 4: | | | | | | | | |
| | 4a. Real e | estate taxes | | | | 4a. | \$ | | 0.00 | |
| | | rty, homeowner's | | | | 4b. | · | | 0.00 | |
| | | | | upkeep expenses | | 4c. | | | 0.00 | |
| 5. | | owner's associat nortgage payme | | dominium dues our residence, such as ho | ome equity loans | 4d. 5. | | | 0.00 0.00 | |
| ٥. | aaonar i | vg~gc payiiit | v. y. | | oquity louiso | J. | Ψ | | 0.00 | |

3/28/19 5:53PM

| or 1 Kimberly A Buttner C | case num | ber (if known) | |
|---|--|--|--|
| Jtilities: | | | |
| Sa. Electricity, heat, natural gas | 6a. | \$ | 0.00 |
| 6b. Water, sewer, garbage collection | 6b. | \$ | 0.00 |
| Sc. Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$ | 0.00 |
| 6d. Other. Specify: Cell Phone | 6d. | \$ | 200.00 |
| Internet | | \$ | 70.00 |
| Food and housekeeping supplies | | \$ | 650.00 |
| | 8. | \$ | 0.00 |
| Clothing, laundry, and dry cleaning | 9. | \$ | 100.00 |
| Personal care products and services | 10. | \$ | 75.00 |
| • | | | 25.00 |
| • | | · - | |
| | 12. | \$ | 225.00 |
| | 13. | \$ | 75.00 |
| Charitable contributions and religious donations | 14. | \$ | 0.00 |
| nsurance. | | | |
| | | | |
| 15a. Life insurance | 15a. | \$ | 0.00 |
| 15b. Health insurance | 15b. | \$ | 0.00 |
| 15c. Vehicle insurance | 15c. | \$ | 130.00 |
| 15d. Other insurance. Specify: | 15d. | \$ | 0.00 |
| | 16. | \$ | 25.00 |
| | | | |
| | 17a. | \$ | 98.00 |
| 17b. Car payments for Vehicle 2 | 17b. | \$ | 0.00 |
| 17c. Other. Specify: | 17c. | \$ | 0.00 |
| 17d. Other. Specify: | 17d. | \$ | 0.00 |
| | | • | 0.00 |
| | 18. | · · | 0.00 |
| | | \$ | 0.00 |
| | | | |
| | | | |
| | | · | 0.00 |
| | | · · | 0.00 |
| 1 2: | | · | 0.00 |
| | | · | 0.00 |
| 20e. Homeowner's association or condominium dues | | · | 0.00 |
| Other: Specify: | 21. | +\$ | 0.00 |
| Calculate your monthly expenses | | | |
| 22a. Add lines 4 through 21. | | \$ | 1,823.00 |
| • | | | |
| | | | 1,823.00 |
| | | | 1,020.00 |
| | | • | |
| | | · · | 1,862.00 |
| 23b. Copy your monthly expenses from line 22c above. | 23b. | -\$ | 1,823.00 |
| 23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> . | 23c. | \$ | 39.00 |
| 6666 HOOHITEHOULE | 6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify: Cell Phone Internet Food and housekeeping supplies Childcare and children's education costs Clothing, laundry, and dry cleaning Personal care products and services Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance. 15d. Other insurance. Specify: Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Personal Property Taxes Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 1 17d. Other. Specify: Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 106l). Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 106l). Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 106l). Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 106l). Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 106l). Other payments you make to support others who do not live with you. Specify: Other real property expenses not included in lines 4 or 5 of this form or on Sched 20e. Homeowner's association or condominium dues Other: Specify: Calculate your monthly expenses 22a. Add lines 4 through 21. 22b | 6a. Electricity, heat, natural gas 6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify: Cell Phone Internet Food and housekeeping supplies 7. Childcare and children's education costs 8. Clothing, laundry, and dry cleaning Personal care products and services Medical and dental expenses 11. Transportation. Include gas, maintenance, bus or train fare. Do not include care payments. Entertainment, clubs, recreation, newspapers, magazines, and books 13. Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance. Specify: Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Personal Property Taxes 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Speci | 6a. Electricity, heat, natural gas 6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Cell Phone 6d. Seld. Other. Specify: Cell Phone 6d. Seld. Se |

☐ Yes.

Explain here: NOTE: Debtor and children currently live with her parents and she contributes as she can to the household.

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| Fill in this info | rmation to identify your | | | | |
|--|---|---|-----------------------------|-----------------------------|----------------------------|
| | rmation to identify your | | | | |
| Debtor 1 | Kimberly A Buttn | er Middle Name | Last Name | | |
| Dobtor 2 | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| | | | | | |
| United States B | Sankruptcy Court for the: | WESTERN DISTRICT C | OF VIRGINIA | | |
| Case number | | | | | |
| (if known) | | | | | Check if this is an |
| | | | | | amended filing |
| f two married property file the best file to be the best file the best f | people are filing together his form whenever you fi ey or property by fraud in 18 U.S.C. §§ 152, 1341, 1 | r, both are equally respon le bankruptcy schedules n connection with a bank | | | |
| Sig | gn Below | | | | |
| Did you p | ay or agree to pay some | one who is NOT an attor | ney to help you fill out ba | ankruptcy forms? | |
| ■ No | | | | | |
| ☐ Yes. | Name of person | | | | etition Preparer's Notice, |
| | | | | Declaration, and Sign | nature (Official Form 119) |
| | alty of perjury, I declare re true and correct. | that I have read the sum | mary and schedules filed | I with this declaration and | |
| X /s/ Kir | mberly A Buttner | | X | | |
| | erly A Buttner ure of Debtor 1 | | Signature of [| Debtor 2 | |
| Date | March 28, 2019 | | Date | | |

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| | | | | | _ | |
|-------------|---|---|--|-------------------------------------|--|---|
| Fill in | this informat | ion to identify your | case: | | | |
| Debtor | _ | Kimberly A Buttr | | LeatNesse | | |
| Debtor | | First Name | Middle Name | Last Name | | |
| (Spouse | _ | First Name | Middle Name | Last Name | | |
| United | States Bankr | uptcy Court for the: | WESTERN DISTRICT O | F VIRGINIA | | |
| Case r | number | | | | | |
| (if known | | | | | _ | Check if this is an amended filing |
| | | | | | | |
| Offic | cial Form | <u>107</u> | | | | |
| State | ement o | f Financial <i>I</i> | Affairs for Individ | duals Filing for B | ankruptcy | 4/1 |
| | r (if known). | Answer every ques | • | | / additional pages, write yo | ur name and case |
| I. W | hat is your cu | ırrent marital statu | s? | | | |
| П | Married | | | | | |
| | Not married | d | | | | |
| 2. Du | uring the last | 3 years, have you | ived anywhere other than | where you live now? | | |
| _ | No | | | | | |
| _ | | l of the places you li | ved in the last 3 vears. Do n | ot include where you live now | ·. | |
| D | ebtor 1 Prior | , , | Dates Debtor 1 | Debtor 2 Prior Ad | | Dates Debtor 2 |
| | | | lived there | | | lived there |
| | | | | | ity property state or territor co, Texas, Washington and V | |
| | No | | | | | |
| | Yes. Make | sure you fill out Sch | edule H: Your Codebtors (O | fficial Form 106H). | | |
| Part 2 | Evolain t | ne Sources of You | ·Income | | | |
| i ait Z | Explaint | ic oources or rour | meome | | | |
| | | ny income from em | | | ear or the two previous cale | ndar years? |
| Fil | I in the total a | mount of income you | • | e together, list it only once ur | | · |
| Fil | I in the total are filing a | mount of income you | • | | | · |
| Fil If y | I in the total a | mount of income you i joint case and you | • | | | · |
| Fil If y | I in the total aryou are filing a | mount of income you i joint case and you | have income that you receiv | | der Debtor 1. | |
| Fil If y | I in the total aryou are filing a | mount of income you i joint case and you | have income that you receiv | e together, list it only once ur | Debtor 2 | Cross income |
| Fil If y | I in the total aryou are filing a | mount of income you i joint case and you | have income that you receiv | | der Debtor 1. | Gross income (before deductions and exclusions) |
| Fill If y | I in the total ai you are filing a No Yes. Fill in | mount of income you i joint case and you | have income that you receiv Debtor 1 Sources of income | Gross income (before deductions and | Debtor 2 Sources of income | (before deductions |

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Document Page 39 of 58 3/28/19 5:53PM Debtor 1 Kimberly A Buttner Case number (if known) Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income Gross income Check all that apply. (before deductions and Check all that apply. (before deductions exclusions) and exclusions) For last calendar year: \$41,695.00 ☐ Wages, commissions, ■ Wages, commissions, (January 1 to December 31, 2018) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business For the calendar year before that: \$32,680.00 ☐ Wages, commissions, Wages, commissions, (January 1 to December 31, 2017) bonuses, tips bonuses, tips Operating a business ☐ Operating a business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. No Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income **Gross income from** Sources of income **Gross income** Describe below. (before deductions each source Describe below. (before deductions and and exclusions) exclusions) Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? □ No. Go to line 7. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

| No. | Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." |
|-----|---|
| | During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? |

* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

Debtor 1 or Debtor 2 or both have primarily consumer debts.

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.

☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an

attorney for this bankruptcy case.

Creditor's Name and Address Dates of payment **Total amount** Amount vou Was this payment for ... still owe paid

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| Del | btor 1 Kimberly A Buttner | | Cas | se number (if known) | | |
|-----|---|---|---|---|----------------------------------|---|
| | | | | | | |
| 7. | Within 1 year before you filed for bankrupt Insiders include your relatives; any general p of which you are an officer, director, person in a business you operate as a sole proprietor. alimony. | artners; relatives of any gencontrol, or owner of 20% | neral partners; partne or more of their voting | erships of which yog g securities; and a | ou are a gener iny managing a | al partner; corporations agent, including one for |
| | ■ No□ Yes. List all payments to an insider. | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for | this payment |
| 8. | Within 1 year before you filed for bankruptinsider? Include payments on debts guaranteed or co | | yments or transfer a | any property on a | account of a d | lebt that benefited an |
| | No | | | | | |
| | Yes. List all payments to an insider | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | | this payment ditor's name |
| Par | rt 4: Identify Legal Actions, Repossessio | ns, and Foreclosures | | | | |
| 9. | Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details. | | | | | |
| | Case title Case number | Nature of the case | Court or agency | | Status of the | ne case |
| 10. | Within 1 year before you filed for bankrup Check all that apply and fill in the details belo | | erty repossessed, f | oreclosed, garni | shed, attache | d, seized, or levied? |
| | No. Go to line 11. Yes. Fill in the information below. | | | | | |
| | Creditor Name and Address | Describe the Property | | Date | | Value of the |
| | Ground Humbana Audross | Explain what happene | | Julo | | property |
| 11. | Within 90 days before you filed for bankru accounts or refuse to make a payment bed No Yes. Fill in the details. | | cluding a bank or fir | nancial institutio | n, set off any | amounts from your |
| | Creditor Name and Address | Describe the action th | Describe the action the creditor took Date take | | | Amount |
| 12. | Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a ■ No □ Yes | | erty in the possess | ion of an assigne | ee for the ben | efit of creditors, a |
| Par | rt 5: List Certain Gifts and Contributions | | | | | |
| 13. | Within 2 years before you filed for bankrup ■ No □ Yes. Fill in the details for each gift. | otcy, did you give any gif | ts with a total value | of more than \$60 | 00 per person | ? |
| | Gifts with a total value of more than \$600 per person | Describe the gifts | 3 | Date the g | s you gave jifts | Value |
| | Person to Whom You Gave the Gift and Address: | | | | | |

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| Deb | otor 1 Kimberly A Buttner | | C | ase number (| if known) | |
|-----|---|----------------------|--|---------------|---|---------------------------|
| | | | | | | |
| 14. | Within 2 years before you filed for bank ■ No □ Yes. Fill in the details for each gift or or | | | s with a tota | I value of more than | \$600 to any charity? |
| | Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Coo | | Describe what you contributed | | Dates you contributed | Value |
| Par | t 6: List Certain Losses | | | | | |
| 15. | Within 1 year before you filed for bankru or gambling? | uptcy or | since you filed for bankruptcy, did y | ou lose anyt | hing because of the | ft, fire, other disaster, |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Describe the property you lost and how the loss occurred | Include | the amount that insurance has paid. Loc claims on line 33 of Schedule A/B: | ist pending | Date of your loss | Value of property lost |
| Par | t 7: List Certain Payments or Transfer | 's | | | | |
| | consulted about seeking bankruptcy or Include any attorneys, bankruptcy petition No Yes. Fill in the details. Person Who Was Paid | | o, or credit counseling agencies for sen | · | Date payment | Amount of |
| | Address Email or website address Person Who Made the Payment, if Not | You | transferred | | or transfer was made | payment |
| | Miller Law Group, P.C. 485 Hillsdale Drive Suite 341 Jordan Building Charlottesville, VA 22901 | | | | 2/13/19 - \$200 2/25/19 - \$800 | \$1,000.00 |
| 17. | Within 1 year before you filed for bankru promised to help you deal with your cre Do not include any payment or transfer that | ditors o | to make payments to your creditors | | r transfer any prope | rty to anyone who |
| | ■ No | | | | | |
| | Yes. Fill in the details. | | | | _ | |
| | Person Who Was Paid Address | | Description and value of any propertransferred | erty | Date payment or transfer was made | Amount of payment |
| | Within 2 years before you filed for bank transferred in the ordinary course of yo Include both outright transfers and transfer include gifts and transfers that you have al | ur busin s made a | ess or financial affairs? as security (such as the granting of a se | | | |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Person Who Received Transfer Address | | Description and value of property transferred | | any property or received or debts | Date transfer was made |
| | Person's relationship to you | | | paid III GA | | |

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| Del | otor 1 | Kimberly A Buttner | | | Case nun | nber (if known) | | |
|-----|---------------------------|--|--|--------------------|-------------|--|-----------|---|
| 19. | benef | n 10 years before you filed for bankrup ficiary? (These are often called asset-pro No Yes. Fill in the details. | | ny property to a | self-settle | ed trust or similar device | of whice | ch you are a |
| | _ | e of trust | Description and | value of the pro | perty trans | sferred | Date | Transfer was |
| Par | rt 8: | List of Certain Financial Accounts, In | struments, Safe Depos | it Boxes, and St | torage Uni | ts | | |
| 20. | sold, Include house | n 1 year before you filed for bankrupto moved, or transferred? de checking, savings, money market, o es, pension funds, cooperatives, asso No Yes. Fill in the details. | or other financial accou | ints; certificates | s of depos | • | | , |
| | | e of Financial Institution and ress (Number, Street, City, State and ZIP | Last 4 digits of account number | · · | | Date account was closed, sold, moved, or transferred | bef | Last balance fore closing or transfer |
| 21. | • | ou now have, or did you have within 1 or other valuables? | year before you filed fo | r bankruptcy, a | ny safe de | posit box or other depo | sitory fo | or securities, |
| | | No Yes. Fill in the details. | | | | | | |
| | | e of Financial Institution ress (Number, Street, City, State and ZIP Code) | Who else had ac Address (Number, State and ZIP Code) | | Describe | the contents | | o you still ave it? |
| 22. | = 1 | you stored property in a storage unit No Yes. Fill in the details. | or place other than you | r home within 1 | year befo | re you filed for bankrup | tcy? | |
| | | e of Storage Facility ress (Number, Street, City, State and ZIP Code) | Who else has or to it? Address (Number, State and ZIP Code) | | Describe | the contents | | o you still ave it? |
| | for so | Identify Property You Hold or Control ou hold or control any property that so omeone. | | ude any proper | ty you bor | rowed from, are storing | for, or I | hold in trust |

☐ Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code) Where is the property? (Number, Street, City, State and ZIP Describe the property

Value

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

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Debtor 1 Kimberly A Buttner

Case number (if known)

| 24. | 1. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? | | | | | | | |
|---|---|---|---|--------------------|--|--|--|--|
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | | | |
| 25. Have you notified any governmental unit of any release of hazardous material? No | | | | | | | | |
| | Yes. Fill in the details. | | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | | | |
| 26. | Have you been a party in any judicial or adminis | strative proceeding under any envi | ronmental law? Include settlements a | and orders. | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case | | | | |
| Par | 11: Give Details About Your Business or Con | nections to Any Business | | | | | | |
| 27. | Within 4 years before you filed for bankruptcy, o | did you own a business or have an | y of the following connections to any | business? | | | | |
| | lacksquare A sole proprietor or self-employed in a t | trade, profession, or other activity, | either full-time or part-time | | | | | |
| | ☐ A member of a limited liability company | (LLC) or limited liability partnersh | ip (LLP) | | | | | |
| | ☐ A partner in a partnership | | | | | | | |
| | ☐ An officer, director, or managing execut | tive of a corporation | | | | | | |
| | ☐ An owner of at least 5% of the voting or | equity securities of a corporation | | | | | | |
| | ■ No. None of the above applies. Go to Part | 12. | | | | | | |
| | ☐ Yes. Check all that apply above and fill in t | he details below for each business | S. | | | | | |
| | | escribe the nature of the business | Employer Identification number Do not include Social Security | | | | | |
| | Address (Number, Street, City, State and ZIP Code) | me of accountant or bookkeeper | Dates business existed | iumber of frint. | | | | |
| 28. | Within 2 years before you filed for bankruptcy, of institutions, creditors, or other parties. | did you give a financial statement t | to anyone about your business? Inclu | de all financial | | | | |
| | ■ No □ Yes. Fill in the details below. | | | | | | | |
| | Name Address (Number, Street, City, State and ZIP Code) | | | | | | | |
| | | | | | | | | |

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3/28/19 5:53PM Case number (if known) Debtor 1 Kimberly A Buttner Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Kimberly A Buttner Kimberly A Buttner Signature of Debtor 2 Signature of Debtor 1 Date Date March 28, 2019 Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

■ No

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| Fill in this inform | nation to identify your case: | | |
|------------------------------------|---|---|-------------------------------------|
| Debtor 1 | Kimberly A Buttner | | |
| | First Name Middle Name | Last Name | |
| Debtor 2 (Spouse if, filing) | First Name Middle Name | Last Name | |
| United States Bar | nkruptcy Court for the: WESTERN DIST | RICT OF VIRGINIA | |
| Casa sumbar | | | |
| Case number | | | ☐ Check if this is an |
| | | | amended filing |
| | | | |
| Official Fo | rm 108 | | |
| Statemen | nt of Intention for Indi | viduals Filing Under Chapte | er 7 |
| | | | |
| | vidual filing under chapter 7, you must f | ill out this form if: | |
| _ | claims secured by your property, or | | |
| | ed personal property and the lease has s form with the court within 30 days afte | not expired. r you file your bankruptcy petition or by the date se | et for the meeting of creditors. |
| whiche | ver is earlier, unless the court extends t | he time for cause. You must also send copies to th | |
| on the f | orm | | |
| | ople are filing together in a joint case, b d date the form. | oth are equally responsible for supplying correct in | nformation. Both debtors must |
| • | | | |
| | and accurate as possible. If more space our name and case number (if known). | is needed, attach a separate sheet to this form. On | the top of any additional pages, |
| David Line Va | | | |
| | our Creditors Who Have Secured Claims | | |
| 1. For any creditor information be | | D: Creditors Who Have Claims Secured by Property | y (Official Form 106D), fill in the |
| | editor and the property that is collateral | What do you intend to do with the property that | |
| | | secures a debt? | as exempt on Schedule C? |
| | | | |
| | dvent Mortgage | Surrender the property. | □ No |
| name: | | Retain the property and redeem it. | ■ Yes |
| Description of | 24 Nahor Dr Palmyra, VA 22963 | ☐ Retain the property and enter into a Reaffirmation Agreement. | _ 100 |
| property | Fluvanna County | ☐ Retain the property and [explain]: | |
| securing debt: | CTA Value : \$137,300.00 Tax Map# 18A 8 191 | | |
| | rax map# rext o re : | | _ |
| Creditor's St | tata Farra Fadaral Cradit Union | | П., |
| name: | tate Farm Federal Credit Union | ☐ Surrender the property. ☐ Retain the property and redeem it. | □ No |
| | | Retain the property and redeem it. | ■ Yes |
| Description of | 1996 Ford Mustang 100,000 miles | Reaffirmation Agreement. | |
| property securing debt: | NADA Value: \$7,375 | ☐ Retain the property and [explain]: | |
| securing debt: | | | <u> </u> |
| Dow On Lint Vo | ur Unevnired Personal Preparty Leases | | |

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

Official Form 108

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| Deb | otor 1 Kimberly A Buttner | Case number (if known) | |
|------------|---|--|------------|
| | | _ | |
| | sor's name: | □ No | |
| | scription of leased perty: | ☐ Yes | |
| | sor's name: | □ No | |
| | scription of leased perty: | ☐ Yes | |
| | sor's name: | □ No | |
| | scription of leased perty: | ☐ Yes | |
| | sor's name: | □ No | |
| | scription of leased perty: | ☐ Yes | |
| | sor's name: | □ No | |
| | scription of leased perty: | ☐ Yes | |
| | sor's name: | □ No | |
| | scription of leased perty: | ☐ Yes | |
| Les | sor's name: | □ No | |
| | scription of leased | | |
| Pro | perty: | ☐ Yes | |
| Par | t 3: Sign Below | | |
| Jnd rop | er penalty of perjury, I declare that I have indicated my intenti perty that is subject to an unexpired lease. | ion about any property of my estate that secures a debt and an | y personal |
| X | /s/ Kimberly A Buttner | x | |
| | Kimberly A Buttner Signature of Debtor 1 | Signature of Debtor 2 | |
| | | | |
| | Date March 28, 2019 | Date | |

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| Fill in | this informa | tion to identify your case: | | | | | |
|-------------------------------------|---|---|--|--------------------------------------|--|---|---------------------------------|
| | | tion to identify your case. | | | eck one box only as 2A-1Supp: | directed in this form and | in Form |
| Debto | or 1 <u>k</u> | Cimberly A Buttner | | | -77 Тоарр. | | |
| Debto (Spous | or 2 e, if filing) | | | • | 1. There is no pre | sumption of abuse | |
| Unite | d States Bar | nkruptcy Court for the: Western District of | Virginia | | applies will be | to determine if a presun made under <i>Chapter 7</i> i | • |
| | number _ | | | | Calculation (O | fficial Form 122A-2). | |
| (if knov | vn) | | | | | st does not apply now be ry service but it could ap | |
| | | | | | ☐ Check if this is | an amended filing | |
| Offi | cial Fo | rm 122A - 1 | | | | | |
| | | Statement of Your Cur | rent Mor | nthly Inc | ome | | 12/15 |
| attach case n qualify Part | a separate sl umber (if kno ring military s 1: Calcu | I accurate as possible. If two married people a neet to this form. Include the line number to w own). If you believe that you are exempted froi service, complete and file Statement of Exemp ulate Your Current Monthly Income | which the additior m a presumption otion from Presum | nal information a of abuse because | pplies. On the top of se you do not have p | any additional pages, writ | e your name and r because of |
| | • | r marital and filing status? Check one or | ıly. | | | | |
| | ■ Not marr | ied. Fill out Column A, lines 2-11. | | | | | |
| | ☐ Married a | and your spouse is filing with you. Fill ou | ıt both Columns | A and B, lines | 2-11. | | |
| | ☐ Married a | and your spouse is NOT filing with you. | You and your s | spouse are: | | | |
| | ☐ Living | in the same household and are not lega | illy separated. | Fill out both Col | umns A and B, lines | 3 2-11. | |
| | penalt | separately or are legally separated. Fill of the sy of perjury that you and your spouse are leapart for reasons that do not include evading | egally separated | d under nonban | kruptcy law that app | lies or that you and your | |
| 10° the | 1(10A). For ex 6 months, ad | ge monthly income that you received from all ample, if you are filing on September 15, the 6-m d the income for all 6 months and divide the total same rental property, put the income from that p | onth period would by 6. Fill in the res | be March 1 throusult. Do not include | igh August 31. If the ar le any income amount | nount of your monthly incom more than once. For examp | ne varied during le, if both |
| | | | | | Column A Debtor 1 | Column B Debtor 2 or non-filing spouse | |
| 2. | Your gross payroll dedu | wages, salary, tips, bonuses, overtime, ctions). | and commission | ons (before all | \$ 2,539.00 | \$ | |
| | Column B is | | . , | · | \$ | \$ | |
| | of you or you from an unmand roomma | s from any source which are regularly pa our dependents, including child support, parried partner, members of your household ttes. Include regular contributions from a sp not include payments you listed on line 3. | . Include regular d, your depende | contributions nts, parents, | \$ 0.00 | \$ | |
| | | from operating a business, profession, | or farm | | | | |
| | | | | otor 1 | | | |
| | Gross receip | ts (before all deductions) | \$ 0.00 | | | | |
| | - | d necessary operating expenses | -\$ 0.00 | | | • | |
| | • | income from a business, profession, or far | m \$ 0.00 | Copy here -> | \$ 0.00 | . \$ | |
| 6. | Net income | from rental and other real property | Dak | stor 1 | | | |
| | | to the face all declarity. | \$ 0.00 | otor 1 | | | |
| | | ots (before all deductions) | -\$ 0.00 | | | | |
| | • | d necessary operating expenses | · | Copy here -> | \$ 0.00 | \$ | |
| | ivet monthly | income from rental or other real property | φ | 2247 > | <u> </u> | · · | |

7. Interest, dividends, and royalties

\$

0.00

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| Debtor 1 | Kimberly A Buttner | | | Case number | (if known) | | | |
|-----------------|---|--|-----------|-------------------|-------------|-----------------------------------|-----------------|-------|
| | | | | Column A Debtor 1 | | Column B Debtor 2 or non-filing s | | |
| 8. U r | nemployment compensation | | | \$ | 0.00 | \$ | | |
| | o not enter the amount if you contend that the amount e Social Security Act. Instead, list it here: | t received was a benef | it under | | | | | |
| | For you \$ For your spouse \$ | 0.0 | 00_ | | | | | |
| | | | | | | | | |
| be | ension or retirement income. Do not include any amenefit under the Social Security Act. | | | \$ | 0.00 | \$ | | |
| Do red do | come from all other sources not listed above. Spectomot include any benefits received under the Social Society as a victim of a war crime, a crime against hurture terrorism. If necessary, list other sources on a tall below. | Security Act or paymen manity, or international | ts or | | | | | |
| | · | | | \$ | 0.00 | \$ | | |
| | | | | \$ | 0.00 | \$ | | |
| | Total amounts from separate pages, if any. | | + | \$ | 0.00 | \$ | | |
| | alculate your total current monthly income. Add lin sch column. Then add the total for Column A to the to | | \$ | 2,539.00 | + | | = \$ 2,539 | |
| Part 2: | Determine Whether the Means Test Applies t | o You | | | | | income | |
| 12. C a | alculate your current monthly income for the year | . Follow these steps: | | | | | | |
| 12 | a. Copy your total current monthly income from line 1 | 11 | | Сору | line 11 h | ere=> | \$ 2,539 | 9.00_ |
| | Multiply by 12 (the number of months in a year) | | | | | | x 12 | |
| 12 | b. The result is your annual income for this part of the | e form | | | | 12b. | \$30,468 | 8.00 |
| 13. C a | alculate the median family income that applies to | you. Follow these step | s: | | | | | |
| Fil | Il in the state in which you live. | VA | | | | | | |
| Fil | Il in the number of people in your household. | 3 | | | | | | |
| Fil | Il in the median family income for your state and size | of household. | | | | 13. | \$ 89,59 | 3.00 |
| | o find a list of applicable median income amounts, go r this form. This list may also be available at the bank | | ecified i | in the separa | te instruct | ions | | |
| 14. H c | ow do the lines compare? | | | | | | | |
| 14 | Line 12b is less than or equal to line 13. O Go to Part 3. | n the top of page 1, ch | eck box | 1, There is r | o presum | ption of abuse |) . | |
| 14 | _ | of page 1, check box 2, | The pre | esumption of | abuse is o | determined by | Form 122A-2. | |
| Part 3: | | | | | | | | |
| | By signing here, I declare under penalty of perjury | that the information or | this sta | tement and i | n any atta | chments is tru | ue and correct. | |
| | X /s/ Kimberly A Buttner | | | | • | | | |
| | Kimberly A Buttner Signature of Debtor 1 | | | | | | | |
| D | Date March 28, 2019 | | | | | | | |
| | MM / DD / YYYY | ~ 100A 0 | | | | | | |
| | If you checked line 14a, do NOT fill out or file Form | | | | | | | |
| | If you checked line 14b, fill out Form 122A-2 and f | ile it with this form. | | | | | | |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 19-60717 Doc 1 Filed 03/28/19 Entered 03/28/19 17:54:52 Desc Main Document Page 53 of 58

B2030 (Form 2030) (12/15)

3/28/19 5:53PM

United States Bankruptcy Court

| | V | Vestern District of Virginia | a | | |
|------|---|--|--|-----------------------------|-----------|
| In | re Kimberly A Buttner | Debtor(s) | Case No. | 7 | |
| | | Debioi(s) | Chapter | - | |
| | DISCLOSURE OF COMP | ENSATION OF ATTO | RNEY FOR DE | BTOR(S) | |
| 1. | Pursuant to 11 U .S.C. § 329(a) and Fed. Bankr. P. 20 compensation paid to me within one year before the f be rendered on behalf of the debtor(s) in contemplation | iling of the petition in bankruptcy | , or agreed to be paid | to me, for services rendere | ed or to |
| | For legal services, I have agreed to accept | | \$ | 1,000.00 | |
| | Prior to the filing of this statement I have received | ed | \$ | 1,000.00 | |
| | Balance Due | | \$ | 0.00 | |
| 2. | The source of the compensation paid to me was: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 3. | The source of compensation to be paid to me is: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 4. | ■ I have not agreed to share the above-disclosed co | empensation with any other person | unless they are meml | pers and associates of my | law firm. |
| | ☐ I have agreed to share the above-disclosed competopy of the agreement, together with a list of the | | | | rm. A |
| 5. | In return for the above-disclosed fee, I have agreed to | o render legal service for all aspec | ts of the bankruptcy c | ase, including: | |
| | a. Analysis of the debtor's financial situation, and reb. Preparation and filing of any petition, schedules, sc. Representation of the debtor at the meeting of cred. [Other provisions as needed] Negotiations with secured creditors to reaffirmation agreements and applications of the secured creditors to reaffirmation agreements and applications. | statement of affairs and plan which ditors and confirmation hearing, a o reduce to market value; ex ations as needed; preparation | h may be required; nd any adjourned hear emption planning; | rings thereof; | of |
| 6. | By agreement with the debtor(s), the above-disclosed Representation of the debtors in any any other adversary proceeding. | fee does not include the followin dischargeability actions, jud | g service: icial lien avoidance | es, relief from stay act | ions or |
| | | CERTIFICATION | | | |
| this | I certify that the foregoing is a complete statement of sbankruptcy proceeding. | any agreement or arrangement fo | r payment to me for re | epresentation of the debtor | r(s) in |
| _ | March 28, 2019 | /s/ Larry L. Miller | - | | |
| | Date | Larry L. Miller Signature of Attorn | ev | | |
| | | Miller Law Group | o, P.C. | | |
| | | 485 Hillsdale Dri Suite 341 | ve | | |
| | | Charlottesville, \ | /A 22901 | | |
| | | 434-974-9776 Fa | ax: 434-973-6773 | | |
| | | | | | |

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3/28/19 5:53PM

United States Bankruptcy Court Western District of Virginia

| | Western District of Virginia | | | | | | | |
|---------|--------------------------------|---|---------------------|----------------------|--|--|--|--|
| In re | Kimberly A Buttner | | Case No. | | | | | |
| | | Debtor(s) | Chapter | 7 | | | | |
| | VEF | RIFICATION OF CREDITOR | MATRIX | | | | | |
| The abo | ve-named Debtor bereby verifie | s that the attached list of creditors is true and | correct to the best | of his/her knowledge | | | | |
| | · | | | or my ner knowledge. | | | | |
| Date: | March 28, 2019 | /s/ Kimberly A Buttner | | | | | | |
| | | Kimberly A Buttner | | | | | | |

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Buttner, Kimberly -

ADVENT MORTGAGE
305 N HURSTBOURNE LANE
SUITE 125
LOUISVILLE, KY 40222

CAPITAL ONE ATTN: BANKRUPTCY PO BOX 30285 SALT LAKE CITY, UT 84130

CASHNETUSA 200 WEST JACKSON STE 1400 CHICAGO, IL 60606

CITIBANK
CITIBANK CORP/CENTRALIZED BANKRUPTCY
PO BOX 790034
ST LOUIS, MO 63179

ELASTIC - REPUBLIC BANK & TRUST CO. 9683 KENWOOD RD CINCINNATI, OH 45242

FLUVANNA COUNTY TREASURER PO BOX 299 PALMYRA, VA 22963

INTERNAL REVENUE SERVICE PO BOX 7346 PHILADELPHIA, PA 19101-7346

INTERNAL REVENUE SERVICE INSOLVENCY UNIT 400 N 8TH ST STE 76 RICHMOND, VA 23219-4836

JL WALSTON & ASSOCIATES ATTN: BANKRUPTCY DEPT 2609 N DUKE ST DURHAM, NC 27704

MERRICK BANK/CARDWORKS ATTN: BANKRUPTCY PO BOX 9201 OLD BETHPAGE, NY 11804

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Buttner, Kimberly -

NAVIENT ATTN: BANKRUPTCY PO BOX 9000 WILES-BARR, PA 18773

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NAVIENT ATTN: BANKRUPTCY PO BOX 9000 WILES-BARR, PA 18773

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Buttner, Kimberly -

ONEMAIN FINANCIAL ATTN: BANKRUPTCY 601 NW 2ND STREET EVANSVILLE, IN 47708

SANTANDER CONSUMER USA ATTN: BANKRUPTCY PO BOX 961245 FORT WORTH, TX 76161

SENTARA
P.O. BOX 2156
CHARLOTTESVILLE, VA 22902

SLC CONDUIT I LLC CITIBANK USA, N.A PO BOX 6191 SIOUX FALLS, SD 57117

STATE FARM FEDERAL CREDIT UNION ATTN: BANKRUPTCY PO BOX 853944 RICHARDSON, TX 75085

STATE FARM FEDERAL CREDIT UNION ATTN: BANKRUPTCY PO BOX 853944 RICHARDSON, TX 75085

STATE FARM FEDERAL CREDIT UNION ATTN: BANKRUPTCY PO BOX 853944 RICHARDSON, TX 75085

UNITED CONSUMERS INC ATTN: BANKRUPTCY DEPT PO BOX 4466 WOODBRIDGE, VA 22192

UNIVERSITY OF VA COMMU 3300 BERKMAR DR CHARLOTTESVILLE, VA 22901

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Buttner, Kimberly -

UVA MEDICAL CENTER C/O ROBERT B. MCENTEE, JR. P.O. BOX 610 RICHMOND, VA 23218

VALLEY CREDIT SERVICE, INC ATTN: BANKRUPTCY PO BOX 2162 HAGERSTOWN, MD 21742

VIRGINIA DEPARTMENT OF TAXATION BANKRUPTCY UNIT PO BOX 2156 RICHMOND, VA 23218-2156